

**JEFFERSON COUNTY ATTORNEY'S OFFICE
BAD CHECK COMPLAINT FORM**

All information must be provided typed or clearly printed

DATE

PROSECUTING WITNESS

Business or individual name

Street Address

City

State

Zip

Phone

Prosecuting Witness (Print Name)

CHECK WRITER (Complete information must be given)

First Name

M.I.

Last

D.O.B. mo/day/yr

Street Address (P.O. Box addresses are not acceptable)

Sex

City

State

Zip

Reason check returned

Social Security #

Driver's license # **including state**

CHECK NUMBER

DATE OF CHECK
(MO/DAY/YR)

AMOUNT OF CHECK

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

